

Study Name

Form Name

Subject Initials: [PatientInitials] - Subject Number (Subject ID): [Subject ID]

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Subject ID:

TBD

Subject Created Date:

4/13/2009

Date

Initials

Medical Record Number

Documented STEMI Yes

No

(ECG shows ST -segment elevation MI or new/presumed new LBBB)

Previously registered? Yes

No

if yes, please enter last

MHCC Registry number

Patient source Please choose one of the following:

Did the patient go emergently to the catheterization laboratory
at this hospital? Yes

No

COMPLETE THE FOLLOWING QUESTIONS ONLY IF YOU ANSWERED 'NO' ABOVE

If NO for the cath lab Please choose one of the following:

Disposition Please choose one of the following:

Comments

Please note:

1.) COMPLETE ONLY THE REGISTRATION FORM

if patient died in ED/or before tx could be applied **OR** patient was transferred out prior to tx
OR received neither PCI nor Lytics (but stayed in participating site hospital).

2.) COMPLETE ALL OTHER FORMS

if patient went to cath lab (regardless of whether PCI was done or not) **OR** if lytics received.

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PATIENT INFORMATION

Date of Birth



Gender

Male

Female

Race

Please choose one of the following:



*If more than one race is given, the
FIRST RACE declared by the patient
is to be entered.*

Ethnicity

Please choose one of the following:



ZIP

State

Social Security Number

*If patient may have a Social Security
Number but it is unavailable, enter
UUU/UU/UUUU. If patient does not have a Social Security Number (e.g., is
not a U.S. citizen), enter III/II/IIII.*

HOSPITAL ACCOUNT INFORMATION

Index Hospital Name

Hospital Account Number

Index Hospital ID (MPN)

(Index Hospital ID = Medicare Provider Number)

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PAST MEDICAL HISTORY

Prior history of MI	Yes
	No
	Not Documented
Prior history of stroke	Yes
	No
	Not Documented
Prior history of CABG	Yes
	No
	Not Documented
Prior history of PCI	Yes
	No
	Not Documented
Diabetes	Yes
	No
	Not Documented

*Includes diagnosis on
admission or pre-procedure;
excludes gestational*

INTAKE PHYSICAL EXAM

Initial (preferably ED) values; closest in time to ECG showing STEMI.

Weight in kg

Height in cm

Heart rate beats/min

Blood pressure systolic mmHg

Blood pressure diastolic mmHg

Creatinine (Serum) mg/dl

Documented on dated/timed lab report only.

THROMBOLYTIC THERAPY

Thrombolytic eligible? Yes

No

Please complete the following accordingly:

Active bleeding, except menses Yes

No

Systolic BP >180mmHg Yes

No

Diastolic BP >110mmHg Yes

No

Non-diagnostic ECG Yes

No

Trauma or surgery within 6wks Yes

No

Hx stroke, recent CNS symptoms Yes

No

Incompressible art puncture Yes

No

Known intravent. thrombus Yes

No

Other Yes


No

If other, explain here

Thrombolytic initiated Yes

No

If thrombolytic given = yes

Date thrombolytic initiated 

Time thrombolytic initiated

Thrombolytic therapy was Please choose one of the following: 

If other, explain

Thrombolytic dose was Please check one of the following: 

If other dose, explain

TIME DATA

☐ ☐ Symptom onset Indeterminate

*Symptoms that led to identification of MI;
if intermittent, last sustained period prior to arrival.*

Symptom onset Date 

Symptom onset military time

Arrival/Entry Time at Index Hospital:

First qualifying ECG date



First qualifying ECG time

Arrival through the ED?

Yes



No

If arrival through ED = yes

ED door arrival date



ED door arrival time

The time noted on the triage sheet.



STEMI on arrival

Yes

No

CLOCK START

ED door arrival date/time or qualifying ECG date/time

if first ECG is NON-qualifying.

Clock Start date



Clock Start time



Transfer here for primary PCI

Yes

No

If transferred here = yes

Transfer ED door arrival date



Transfer ED door arrival time

STEMI on arrival to referring

Yes

No



Referring qualifying ECG date



Referring qualifying ECG time

Cath Lab arrival date



Cath Lab arrival time



Table time.

Balloon inflation date



Balloon inflation time



The time of first inflation of any device in the infarct-related artery (balloon or stent).

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PCI Primary Operator's Name

PCI Primary Operators NPI

PCI Primary Operators UPIN

On entry to the catheterization laboratory, is the patient in
Cardiogenic Shock ?

Yes

No

Cardiogenic shock is systolic BP < 80 mmHg for more than 30 minutes,
evidence of poor tissue perfusion and persistence of shock after correction
of non-myocardial factors (hypovolemia, hypoxia, acidosis, arrhythmia)
AND/OR IV inotropes and/or vasopressors and/or IABP required in order
to maintain systolic BP > 80 mmHg.

Infarct-related artery segment

Please choose one of the following:

Intra-aortic balloon pump used

Yes

No

*Intra-aortic Balloon Pump was used prior,
during or after the Cath Lab Visit.*

GP IIb/IIIa inhibitor used

Yes

No

Number of vessels attempted

Please choose one of the following:

If zero (no PCI attempt), why?

Please choose one of the following:

Comments why no PCI attempt

1st Attempted Lesion

Artery segment number

Please choose one of the following:

PCI vessel other than IRA?

Yes

No

Pre-PCI diameter stenosis (%)

Pre-PCI TIMI flow grade

Please choose one of the following:

Procedure performed

Please choose one of the following:

If Stent (alone or in any combination) answer the following 2 entries.

Bare Metal Stent

Yes

No
Drug Eluting Stent Yes
No
Thrombus removal device used Yes
No
Post-PCI diameter stenosis (%)
Post-PCI TIMI flow grade Please choose one of the following:
PCI successful? Yes
No
<50% residual stenosis and TIMI 3 flow.

2nd Attempted Lesion

2nd Artery segment number Please choose one of the following:
2 - PCI vessel other than IRA Yes
No
2 - Pre-PCI diameter stenosis
2 - Pre-PCI TIMI flow grade Please choose one of the following:
2 - Procedure performed Please choose one of the following:
If Stent (alone or in any combination) answer the following 2 entries.
Bare Metal Stent2 Yes
No
Drug Eluting Stent2 Yes
No
2 Thrombus removal device used Yes
No
2 - Post-PCI diameter stenosis
2 - Post-PCI TIMI flow grade Please choose one of the following:
2nd PCI successful? No
Yes
<50% residual stenosis and TIMI 3 flow.

3rd Artery segment number Please choose one of the following:
3rd Attempted Lesion
3 - PCI vessel other than IRA? Yes
No
3 - Pre-PCI diameter stenosis
3 - Pre-PCI TIMI flow grade Please choose one of the following:
3 - Procedure performed Please choose one of the following:
If Stent (alone or in any combination) answer the following 2 entries.
Bare Metal Stent3 Yes
No

Drug Eluting Stent3
Yes
No

3-Thrombus removal device used
Yes
No

3 - Post-PCI diameter stenosis

3 - Post-PCI TIMI flow grade Please choose one of the following:

3rd PCI successful?
Yes
No

<50% residual stenosis and TIMI 3 flow.

4th Attempted Lesion

4th Artery segment number Please choose one of the following:

4 PCI vessel other than IRA?
Yes
No

4 - Pre-PCI diameter stenosis

4 - Pre-PCI TIMI flow grade Please choose one of the following:

4 - Procedure performed Please choose one of the following:

If Stent (alone or in any combination) answer the following 2 entries.

Bare Metal Stent4
Yes
No

Drug Eluting Stent4
Yes
No

4-Thrombus removal device used
Yes
No

4 - Post-PCI diameter stenosis

4 - Post-PCI TIMI flow grade Please choose one of the following:

4th PCI successful?
Yes
No

<50% residual stenosis and TIMI 3 flow.

Returned to Cath Lab Please choose one of the following:

Emergency transfer?
Yes
No

If yes, reason Please choose one of the following:

If other, explain

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Date of Discharge



Transfer to another hospital

Yes

No

If yes, complete Transfer Hospital Discharge Data Form

EVENTS

For all events checked, complete the relevant event data form.

Death

Yes

No

Recurrent MI

Yes

No

A suspected recurrent infarction event is defined as any episode of chest pain or new ECG changes thought to represent infarction that occurs **more than 18 hours** after admission for the index infarction.

Stroke

Yes

No

Any neurological deficit present at the time of hospital discharge that was not present at admission. A neurological deficit requires objective determination of new aphasia, paralysis, paresis, ataxia, or blindness.

Hemorrhage

Yes

No

Any one of the following: A loss of blood resulting in a decrease in hemoglobin of at least 5 or more g/dl; blood transfusion and/or need for vascular surgery; or retroperitoneal hemorrhage as a bleeding complication even if transfusion and/or vascular surgery are not necessary.

Return to cath lab?

Yes

No

Repeat cath performed?

Yes

No

Repeat PCI perform/attempt

Yes

No

A guidewire was advanced beyond the tip of a guiding catheter.

CABG

Yes

No

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Complete the following items only if the patient was transferred to another acute care hospital. Include only those events at the transfer hospital after transfer.

Name of Transfer Hospital

Date of transfer discharge



EVENTS

For all events checked, complete the relevant event data form.

Death Yes
No

Recurrent MI Yes
No

A suspected recurrent infarction event is defined as any episode of chest pain or new ECG changes thought to represent infarction that occurs more than 18 hours after admission for the index infarction.

Stroke Yes
No

Any neurological deficit present at the time of hospital discharge that was not present at admission. A neurological deficit requires objective determination of new aphasia, paralysis, paresis, ataxia, or blindness.

Hemorrhage Yes
No

Any one of the following: A loss of blood resulting in a decrease in hemoglobin of at least 5 or more g/dl; blood transfusion and/or need for vascular surgery; or retroperitoneal hemorrhage as a bleeding complication even if transfusion and/or vascular surgery are not necessary.

Cath lab visit? Yes
No

Catheterization performed? Yes
No

PCI performed/attempted? Yes
No

A guidewire was advanced beyond the tip of a guiding catheter.

CABG Yes
No

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6weeks (+/- 2weeks) from the first PCI date.

Date of follow-up



EVENTS

For all events checked, complete the relevant event data form.

Death

Yes

No

Recurrent MI

Yes

No

A suspected recurrent infarction event is defined as any episode of chest pain or new ECG changes thought to represent infarction that occurs **more than 18 hours** after admission for the index infarction.

Stroke

Yes

No

Any neurological deficit present at the time of hospital discharge that was not present at admission. A neurological deficit requires objective determination of new aphasia, paralysis, paresis, ataxia, or blindness.

Hemorrhage

Yes

No

Any one of the following: A loss of blood resulting in a decrease in hemoglobin of at least 5 or more g/dl; blood transfusion and/or need for vascular surgery; or retroperitoneal hemorrhage as a bleeding complication even if transfusion and/or vascular surgery are not necessary.

Cath lab visit?

Yes

No

Catheterization performed?

Yes

No

PCI performed/attempted?

Yes

No

A guidewire was advanced beyond of a guiding catheter.

CABG

Yes

No

Has the patient been readmitted to any hospital for any other reason?

Yes

No

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Death?

Yes

No

If yes, date



During which timeframe did event occur? Please choose one of the following:

Place of death

Please choose one of the following:

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Recurrent MI?

Yes

No

If yes, date?



During which timeframe Please choose one of the following: 
did event occur?

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Stroke?

Yes

No

If yes, date



During which timeframe Please choose one of the following: 
did event occur?

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Hemorrhage?

Yes

No

If yes, date



During which timeframe Please choose one of the following: 
did event occur?

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During which timeframe
did event occur?

Please choose one of the following: 

Catheterization performed?

Yes

No

If yes, date



PCI performed?

Yes

No

If yes, date of PCI



PCI planned/scheduled?

Yes

No

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CABG?

Yes


No

If CABG performed = yes


Date



During which timeframe
was CABG performed?

Please choose one of the following: 

CABG was

Please choose one of the following options: 

CABG was performed after Please choose one of the following: 

If other, please explain

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Has the patient been readmitted to any hospital for
any other reason?

Yes

No

If yes, date



During which timeframe did re-admit occur? Please choose one of the following: 

Comments
